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CONFIRMATION NO. 1385

<b>SERIAL NUMBER</b> 10/749,914	<b>FILING OR 371(c) DATE</b> 12/31/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> 00961-P0209C
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/448,632 05/30/2003 which claims benefit of 60/384,597 05/31/2002 and claims benefit of 60/437,279 12/31/2002 *Yes EN*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\****none EN*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 05/04/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> <del>39</del> 19	<b>INDEPENDENT CLAIMS</b> <del>3</del> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials			

**ADDRESS**

24126

**TITLE**

Stable topical drug delivery compositions

<b>FILING FEE RECEIVED</b> 621	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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